

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. _____		FILING DATE _____	
							APPLICANT(S) _____			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1							51			
2		1					52			
3		1					53			
4	1						54			
5		1					55			
6		1					56			
7	1						57			
8		1					58			
9		1					59			
10		1					60			
11		1					61			
12	1						62			
13		1					63			
14		1					64			
15		1					65			
16		1					66			
17	1						67			
18		1					68			
19		1					69			
20		1					70			
21	1						71			
22		1					72			
23		1					73			
24	1						74			
25		1					75			
26		1					76			
27		1					77			
28	1						78			
29		1					79			
30		1					80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	8		↓			↓				
TOTAL DEP.	22	↔		↔		↔				
TOTAL CLAIMS	30									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS